

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-019,524

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1										
2	1										
3	2										
4	2										
5	2										
6	0										
7	0										
8	0										
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50											
TOTAL IND.	2										
TOTAL DEP.	14										
TOTAL CLAIMS	110										